

PTO/SB/07 (08-03)

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ATTACHED: - FEE TRANSMITTAL (PTO/SB/17), in duplicate;  
PETITION FOR THREE MONTH EXTENSION (PTO/SB/22),  
in duplicate; and  
NOTICE OF APPEAL (PTO/SB/31).

Serial No.: 10/566,876

Examiner: Ariel A. Balaoing

Art Unit: 2617

Docket No.: PU030189

**TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 7**

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1650.00

Complete If Known	
Application Number	10/566,876
Filing Date	February 2, 2006
First Named Inventor	Louis Robert Litwin, Jr.
Examiner Name	Arial A. Balaoing
Art Unit	2617
Attorney Docket No.	PU030189

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

## Total Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

## Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- or HP = \_\_\_\_\_ x \$50 = \_\_\_\_\_

- \$ \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

## Independent Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP = \_\_\_\_\_ x \$200 = \_\_\_\_\_

- 0 \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): **FEE FOR THREE MONTH EXTENSION - \$1110.00**  
**FEE FOR NOTICE OF APPEAL - \$540.00**

\$1650.00

## SUBMITTED BY

Name (Print/Type)	JOSEPH J. OPALACH	Registration No. (Attorney/Agent)	36,229	Telephone	(609) 734-6839
Signature					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**FEE TRANSMITTAL**  
for FY 2007 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)**

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First Named Inventor	Louis Robert Litwin, Jr.
Examiner Name	Ariel A. Balaoing
Art Unit	2617
Attorney Docket No.	PU030189

METHOD OF PAYMENT (check all that apply) **CUSTOMER NUMBER: 24498** Check  Credit card  Money Order None Other (please identify): \_\_\_\_\_ Deposit Account: Deposit Account Number 07-0832Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
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Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

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Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

- or HP =

x \$50

= \$

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Independent ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- or HP =

x \$200

= 0

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- 100 =	/ 50 =	(round up to a whole number) x	=	=

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Fees Paid (\$)Other (e.g., late filing surcharge): **FEES FOR THREE MONTH EXTENSION - \$1110.00****\$1650.00****FEES FOR NOTICE OF APPEAL - \$540.00****SUBMITTED BY**

Name (Print/Type)	JOSEPH J. OPALACH	Registration No. (Attorney/Agent)	36,229	Telephone	(609) 734-6839
Signature					October 27, 2009

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